I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: SUSAN W. SYKES

Electronic Signature of Signing Officer/Director Detail

Citv-State-Zip:	TAMPA	FL	33

Officer/Director Detail :

Title	CDPT	Title	D	
Name	SYKES, SUSAN W	Name	MCCHESNEY, KAREN S	
Address	901 S. NEWPORT AVE.	Address	8258 PAVIA WAY	
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	LAKEWOOD RANCH FL 34202	
Title	D	Title	DIRECTOR	
Name	STROKER, KATHY S	Name	SYKES, CHARLES E	
Address	4100 UNIVERSITY PARKWAY	Address	18121 LONGWATER RUN DRIVE	
		Citv-State-Zip:	TAMPA FL 33647	
	UNIT 231	Citv-State-Zip:	TAMPA FL 33647	
City-State-Zip:	UNIT 231 SARASOTA FL 34243	City-State-Zip:	TAMPA FL 33647	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FEI Number: 65-6218520

Name and Address of Current Registered Agent:

WILKERSON, LISA H. 1700 SOUTH MACDILL AVENUE SUITE 200 TAMPA, FL 33629 US

SIGNATURE: LISA H. WILKERSON

901 SOUTH NEWPORT AVENUE

TAMPA FL 33679-2004 US

DOCUMENT# N96000004784

Current Principal Place of Business:

Current Mailing Address:

TAMPA, FL 33606

POST OFFICE BOX 320004

Electronic Signature of Registered Agent

Entity Name: JOHN H. SYKES FOUNDATION, INC.

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2024 Secretary of State 7319915332CC

02/06/2024 Date

Certificate of Status Desired: No

02/06/2024 Date